STATE OF CALIFORNIA

NON-USPS ADJUSTMENT REQUEST--PAYMENTS (Fringe Benefit/Employee Business Expense)

STD. 676P (REV. 3-2001)

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE. For additional information, including Volume Processing Information, refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section I.

PO Box 942850 Sacramento, CA 94250-5878

ATTN: W-2 Unit

SUBMIT COMPLETED REQUEST TO: State Controller's Office

Personnel/Payroll Services Division

Submit only original.

A. ITEM CODE	B. ITEM DESCRIPTION					C. TAX YEAR	D. P.	AGE	OF	1
		DOO!	TION			GROSS AMOUNT				
SOCIAL SECURITY NUMBER (1)	EMPLOYEE'S NAME	AGENCY UNIT (3) (4)		PAY PERIOD (5)	GROSS AMOUNT SUBJECT TO WITHHOLDING	NOT SUBJECT TO WITHHOLDING (7)	STATE CODE	(9)		
(1)	(2)	(3)	(4)	M Y	(6)	(7)	(8)	М	D	Y
										_
										_
										_
										-
GENCY/CAMPUS NAME										
l ce	ertify that I am duly authorized b	y the herein named	state ag	gency to m	ake this report a	and certification; t	that			=
EPORTING OFFICER'S SIGNAT		e and in accordance with all laws and regulations. REPORTING OFFICER'S PRINTED NAME								
YPED OR PRINTED NAME AND	TELEPHONE NUMBER OF INDIVIDUAL COM	 IPLETING THIS REQUEST				(Include Area Code or	use CAL	NET)		
						()				

NON-USPS ADJUSTMENT REQUEST--PAYMENTS

(Fringe Benefit/Employee Business Expense)

STD. 676P (REV. 3-2001) (REVERSE)

INSTRUCTIONS

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information. Entries on Form STD. 676P must be as follows:

CSU Only: See PPM Section I-172.2 for special reporting instructions for Student Assistants.

- BOX A -- Item Code. A separate form STD. 676P is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.
- BOX B -- Item Description. Enter the full name, below, of the benefit being reported (e.g., CARS, Standard Business Mileage or MEALS AND LODGING, Non-Receipted Lodging.)
- BOX C -- Tax Year. A separate form STD. 676P is required for each tax year.

- If the employee receives reimbursement via revolving fund check, tax year is the calendar year in which the revolving fund check is issued.
- If the employee receives reimbursement via the State Controller's Office, Claims Process, the tax year is the calendar year in which the warrant is issued.
- If tax year does not agree with the issue date year (column 9), issue date year will be used.

BOX D -- Page of must be completed.

COLUMN

- 1. Enter the employee's Social Security Number.
- Enter the employee's first/middle initials and surname.
- Enter the three-digit agency code. 3.
- Enter the three-digit unit number. 4.
- Enter the pay period in which the benefit amounts were paid or incurred 5. whether reporting reimbursement via revolving fund check or claim
- Enter the gross amount subject to withholding. 6.
- Enter the gross amount NOT subject to withholding. This column is used ONLY to report the "UP TO" amounts of:
 - Standard Business Mileage;
 - Moving Expense Mileage Reimbursements;
 - Per Diem: or
 - The non-taxable portion of Moving Expense Relocation reimbursement.

COLUMN

Enter the State Code-- CA, California IL, Illinois

NY, New York

Blank, all others

NOTE: FOR VAN POOL DRIVER LEAVE STATE CODE BLANK.

Enter the issue date of the benefit payment. Issue date is defined as the last day of the pay period in which payments were issued to the employee.

BOTTOM BOXES

- Enter the agency/campus name.
- Signature/printed name of the reporting officer is required.
- Enter the current date.
- Enter the name and telephone number of the person completing the

ITEM ITEM CODE DESCRIPTION

AIRCRAFT

AR Reimbursement Plans

AWARDS/BONUSES/INCENTIVES

- Employee Recognition and Morale Program (CS) ΑE
- AH Health and Safety Incentive Award Program (CS)
- Safety Incentive Award Program (CS) AS
- Miscellaneous Incentive Programs IM
- IT Incentives Provided by Third Parties

BM BICYCLE MILEAGE

CAR MILEAGE

- Call Back Mileage CB
- CC Commuter Mileage
- Remote Headquarters Mileage CR
- Standard Business Mileage CS
- EA EDUCATIONAL ASSISTANCE
- EE ENTERTAINMENT EXPENSES

ELECTRONIC DEVICES EL

- FOREIGN EARNED INCOME FΕ Housing/COLA (excluded)
- Housing/COLA (taxable) FT

ITEM ITEM DESCRIPTION CODE

HOUSING

- HEExecutive Housing Expense (CSU)
- Reimbursement Plans HR

LONG-TERM TRAVEL ML

MEALS AND LODGING

- MP Meals Less than 24-Hour Travel MP
 - Non-Receipted Lodging
- MP State Per Diem

MEALS

- Medical Officer of the Day MP
- Overtime Meals OM

MOVING EXPENSES

- MR Relocation Expense
- Relocation Mileage MM

PROFESSIONAL/NONPROFESSIONAL DUES AND MEMBERSHIPS DM

TA TOOL ALLOWANCES (CS)

TIPS/GRATUITIES

ŢΙ Tips

TV

UA

Gratuities TG

TRANSPORTATION SUBSIDIES

TD Discount Travel/Transit Passes

Van Pool Driver (CS)

UNIFORM ALLOWANCES